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# Fee Transmittal for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,190.00)

| Complete if Known    |                |
|----------------------|----------------|
| Application Number   | 09/891,200     |
| Filing Date          | June 26, 2001  |
| First Named Inventor | Eugene SMOTKIN |
| Examiner Name        | R. Alejandro   |
| Art Unit             | 1745           |
| Attorney Docket No.  | 491712000100   |

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  Other  None

 Deposit Account:

Deposit Account Number **03-1952**

Deposit Account Name **Morrison & Foerster LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments

 Charge any additional fee(s) or any underpayment of fee(s)

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity        | Small Entity | Fee Description | Fee Paid |
|---------------------|--------------|-----------------|----------|
| Fee Code            | Fee (\$)     | Fee Code        | Fee (\$) |
| 1051                | 130          | 2051            | 65       |
| 1052                | 50           | 2052            | 25       |
| 1053                | 130          | 1053            | 130      |
| 1812                | 2,520        | 1812            | 2,520    |
| 1804                | 920*         | 1804            | 920*     |
| 1805                | 1,840*       | 1805            | 1,840*   |
| 1251                | 110          | 2251            | 55       |
| 1252                | 420          | 2252            | 210      |
| 1253                | 950          | 2253            | 475      |
| 1254                | 1,480        | 2254            | 740      |
| 1255                | 2,010        | 2255            | 1,005    |
| 1401                | 330          | 2401            | 165      |
| 1402                | 330          | 2402            | 165      |
| 1403                | 290          | 2403            | 145      |
| 1451                | 1,510        | 1451            | 1,510    |
| 1452                | 110          | 2452            | 55       |
| 1453                | 1,330        | 2453            | 665      |
| 1501                | 1,330        | 2501            | 665      |
| 1502                | 480          | 2502            | 240      |
| 1503                | 640          | 2503            | 320      |
| 1460                | 130          | 1460            | 130      |
| 1807                | 50           | 1807            | 50       |
| 1806                | 180          | 1806            | 180      |
| 8021                | 40           | 8021            | 40       |
| 1809                | 770          | 2809            | 385      |
| 1810                | 770          | 2810            | 385      |
| 1801                | 770          | 2801            | 385      |
| 1802                | 900          | 1802            | 900      |
| Other fee (specify) |              |                 |          |

SUBTOTAL (1) (\$ 0.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims         | Extra Claims               | Fee from below         | Fee Paid               |
|----------------------|----------------------------|------------------------|------------------------|
| <input type="text"/> | -** = <input type="text"/> | x <input type="text"/> | = <input type="text"/> |
| Independent Claims   | -** = <input type="text"/> | x <input type="text"/> | = <input type="text"/> |
| Multiple Dependent   |                            |                        | = <input type="text"/> |

## Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description  |
|----------|----------|----------|----------|--|
| 1202     | 18       | 2202     | 9        | Claims in excess of 20                                     |
| 1201     | 86       | 2201     | 43       | Independent claims in excess of 3                          |
| 1203     | 290      | 2203     | 145      | Multiple dependent claim, if not paid                      |
| 1204     | 86       | 2204     | 43       | ** Reissue independent claims over original patent         |
| 1205     | 18       | 2205     | 9        | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 0.00)

\*\* or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 1,190.00)

(Complete if applicable)

|                   |                          |                                   |        |           |                |
|-------------------|--------------------------|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Kate H. Murashige        | Registration No. (Attorney/Agent) | 29,959 | Telephone | (858) 720-5112 |
| Signature         | <i>Kate H. Murashige</i> |                                   |        | Date      | July 23, 2004  |